

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 538237

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1				
3	2					
4	8					
5	8		1			
6	1		1			
7	1		1			
8	1		1			
9	1	.	1			
10	1		1			
11	1		1			
12	3		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	16	←	13	←		←
TOTAL CLAIMS	19	[REDACTED]	16	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓			↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]